

L19000087555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

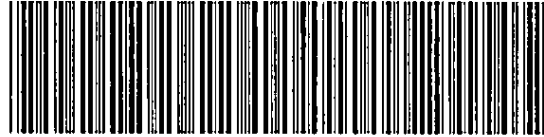
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900330362959

APPROVED AND FILED
2019 JUN 10 AM 9:38
TALLAHASSEE, FLORIDA

RECEIVED
19 JUN 10 PM 1:36
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

T GLASS

JUN 11 2019

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com

ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 6/10/2019

PRIORITY Routine

OUR REF.# (Order ID#) 748804

ORDER ENTITY

3406 S. FLORIDA PARTNERS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

3406 S. FLORIDA PARTNERS, LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

APPROVED
AND
FILED
2019 JUN 10 AM 9:38

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Louis B. Rappaport	416 S. Bethlehem Pike	<input checked="" type="checkbox"/> Add
		Fort Washington, PA 19038	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jacob Rappaport	416 S. Bethlehem Pike	<input type="checkbox"/> Add
		Fort Washington, PA 19038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jesse Rappaport	416 S. Bethlehem Pike	<input type="checkbox"/> Add
		Fort Washington, PA 19038	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2019 JUN 10 AM 9:38
 APPROVED AND FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2019 JUN 10 AM 9:38

APPROVED AND FILED

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 10, 2019

Signature of a member or authorized representative of a member

Eric A. Heinz, Esq., Authorized Representative

Typed or printed name of signee